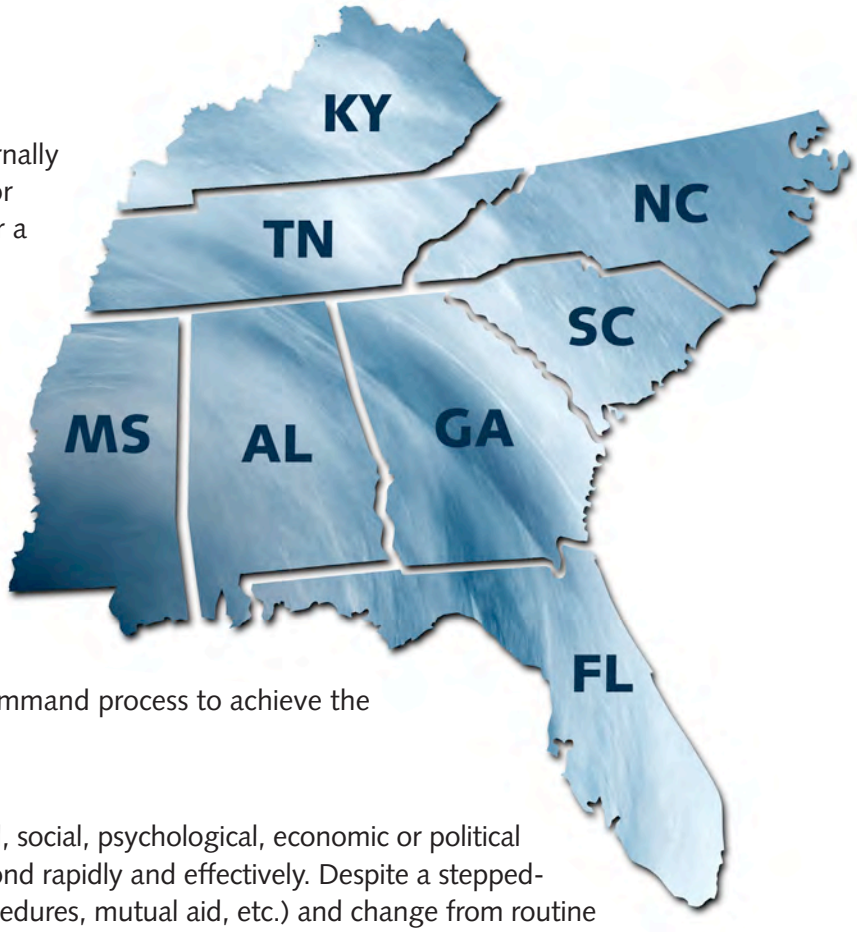
REGION IV / ATLANTA

Emergency Response

CMP Application

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Definitions



EMERGENCY/DISASTER
An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.

EMERGENCY
A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command process to achieve the expected outcome.

DISASTER
A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact.

IMMINENTLY
Likely to occur at any moment, something that is going to happen very, very soon.

EMERGENCY PLAN
An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff and community needs and support continuity of business operations.

RISK ASSESSMENT
The term "risk assessment" describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive, and may include a variety of methods to assess and document potential hazards and their impacts. The healthcare industry also referrs to risk assessments as a Hazard Vulnerability Assessment or Analysis (HVA). HVAs are commonly used in the healthcare industry.

Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule (81 FR 63860, Sept. 16, 2016) establishes national emergency preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinate with Federal, state, tribal, regional and local emergency preparedness systems.

For additional information on Long Term Care Emergency Preparedness Requirements, Refer to 42 C.F.R 483.73 and Appendix Z of the State Operations Manual.

Instructions

Dear Nursing Home Administrator:

Thank you for submitting a request for civil money penalty (CMP) reinvestment funds on behalf of your Long Term Care (LTC) facility. This Emergency Response CMP application enables dually certified providers (SNF/NF), Medicare certified providers (SNFs) and nursing facilities (NFs) to be considered for CMP funds when the governing body has initiated action to prepare for an imminent emergency or has been directly impacted by an emergent event. Completion of the application is required for consideration for emergency CMP funds. **Please note that the Centers for Medicare & Medicaid Services (CMS) cannot guarantee that requests for CMP reinvestment funds will be granted.** CMS will make discretionary funding decisions based on a variety of factors, including the availability of funds. Additional instructions are as follows:

- Please describe in detail the emergent event and its impact on residents and facility operations.
- Provide evidence of expenditures directly related to the emergent event, including legible receipts or other documentation, and explain how the expenditures related to the emergent event if that is not obvious from the documentation.
- Read and sign the attestation statement.
- Assemble and paginate the request as one pdf document, and use Times New Roman, 12 point font, for any appendices.
- Submit the complete application electronically to the applicable Region IV, State Survey Agency.
- Region IV States are: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee.
- The application and supporting documentation shall be reviewed by the State Survey Agency.
- If the application is recommended for CMP reinvestment funding, the State Survey Agency shall forward an electronic copy of the application and all supporting documentation to the CMS regional office at **ATLCMPGRANTAPPLICATIONPROPOSALS@cms.hhs.gov** for final review.
- Emergency Response CMP applications will not be accepted via facsimile.
- Emergency Response CMP application requests are reviewed by CMS in the order of receipt.
- Upon receipt of the request, the Atlanta Regional Office assigns the Emergency Response CMP application a project tracking number.
- Applications will be reviewed in a timely manner.
- The CMS regional office has final authority to approve or deny the request, and its decisions cannot be appealed.
- During the review process, the CMS regional office will determine whether the applicant has complied with all State and Federal government rules and regulations for emergency preparedness and management as well as, whether the nursing home otherwise responded appropriately to the emergency.

- Once a decision is made regarding the funding request, the facility, State Survey Agency, LTC Ombudsman and County Emergency Manager are notified of that decision.
- Disbursement of emergency funds is managed by the State Survey Agency or State Medicaid Agency.
- The regional office does not accept applications that have not been recommended for funding by the State Survey Agency.
- Incomplete applications will be denied.

Our earnest desire is to provide support for residents living in Long Term Care facilities. We appreciate your daily commitment to public health and safety.

Sincerely,

Stephanie M. Davis, M.S., R.D.
Chief, LTC Certification & Enforcement Branch
Centers for Medicare & Medicaid Services
Sam Nunn Atlanta Federal Center
61 Forsyth Street, S.W., Suite 4T20
Atlanta, GA 30303-8909
PH: (404) 562-7471
E-mail: Stephanie.Davis@cms.hhs.gov

Application

NURSING HOME BACKGROUND INFORMATION

Date of Application: ____ /____ /_____
MM DD YYYY

Facility Name: _____

Address Line 1: _____

Address Line 2: _____

City, County, State, Zip Code: _____

Telephone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

CMS Certification Number (CCN), if applicable: ☐☐ - ☐☐☐☐ Census: _____

Bed Capacity: _____ Tax Identification Number: _____

Administrator's Name: _____

Administrator's Email Address: _____

Name of the Corporation: _____

Corporate Address: _____

Chief Financial Officer (CFO): _____

CFO Email Address: _____

Chief Operating Officer (COO): _____

COO Email Address: _____

County Emergency Manager: _____

County Emergency Manager Email: _____

County Emergency Manager Telephone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

NURSING HOME SURVEY HISTORY

Date of Last Recertification Survey: ____ /____ /_____ (MM DD YYYY) Highest Scope and Severity: _____

Date of Last Complaint Survey: ____ /____ /_____ (MM DD YYYY) Highest Scope and Severity: _____

Outstanding Civil Money Penalty (CMP) Amount Due: _____

Enrolled in the Special Focus Facility (SFF) Initiative: ☐ Yes ☐ No

Medicare Administrative Contractor (MAC): _____

Is the Facility in Bankruptcy? ☐ Yes ☐ No or Receivership? ☐ Yes ☐ No

If in Bankruptcy, provide Bankruptcy Petition Number: _____

ALTERNATIVE EMERGENCY FUNDING SOURCES

Current Housing & Urban Development (HUD) Loan: ☐ Yes ☐ No

Have other funding sources been **applied for** as a result of this emergent event? ☐ Yes ☐ No

Have other funding sources been **granted** as a result of this emergent event? ☐ Yes ☐ No

If yes, please explain/identify sources and amount:

$ _____ FEMA $ _____ HUD $ _____ Insurance Company

Insurance Company Name: _____

Insurance Company Policy Number: _____ Policy Limit: _____

Insurance Company Telephone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

$ _____ American Red Cross

$ _____ Other Other Name/Explanation: _____

_____

_____

EMERGENT EVENT

Date Emergent Event Started: ____ /____ /_____ Date Emergent Event Ended: ____ /____ /_____
MM DD YYYY MM DD YYYY

If Emergent Event never materialized, Date Emergent Event was considered imminent: ____ /____ /_____
MM DD YYYY

Number of Residents Affected: _____

Was an Emergency Declaration in Effect? ☐ Yes ☐ No

Select the Emergent Event below which impacted your nursing home:

Type of Emergency	Yes	No
Fire	☐	☐
Hurricane	☐	☐
Tornado	☐	☐
Earthquake	☐	☐
Major, Extended Power Outage	☐	☐
Winter Weather/Snow Storm	☐	☐
Severe Thunderstorms	☐	☐
Flooding	☐	☐
Bomb Threat/Explosion	☐	☐
Chemical Spill	☐	☐
Bioterrorism	☐	☐
Active Shooter	☐	☐
Emerging Infectious Disease *(e.g. Zika, Ebola, etc.)*	☐	☐
Other	☐	☐

If Other, please specify:_____

_____

EMERGENT EVENT, cont.

Select the actions of the nursing home:

Action	Yes	No
Sheltered in Place	☐	☐
Voluntary Evacuation	☐	☐
Mandatory Evacuation	☐	☐

If Evacuated, Destination Facility #1 Name: _____

Facility Address: _____

City, State, Zip: _____ No. of Residents Evacuated: _____

If Evacuated, Destination Facility #2 Name (if applicable): _____

Facility #2 Address: _____

City, State, Zip: _____ No. of Residents Evacuated: _____

FUNDING CATEGORY

Please select the amount requested below:

- ☐ $2,500 or less
- ☐ $2,501 – $5,000
- ☐ $5,001 – $10,000
- ☐ $10,001 – $25,000
- ☐ $25,001 – $50,000
- ☐ $50,001 – $100,000
- ☐ $100,001 – $150,000
- ☐ $150,001 – $200,000
- ☐ $200,001 – $250,000
- ☐ Over $250,000

Nursing home completing this application for civil money penalty funds to cover all or part of the insurance deductible? ☐ Yes ☐ No

Amount of the Deductible: _____

FUNDING CATEGORY, cont.

PROHIBITED USES:

- Civil money penalty (CMP) funds may not be utilized to cover the loss of business revenue or income.
- CMP funds may not be utilized to recover the loss of revenue or income from residents discharged to other nursing homes that may choose to remain in the alternate facility following the conclusion of the emergency.
- CMP funds may not be used to pay debts and obligations incurred by the facility that are not directly related to the emergent event.
- CMP funds may not be used to pay for capital improvements to a nursing home or build a nursing home.
- CMS will not approve emergency requests for which a conflict of interest exists or there is the appearance of a conflict of interest.
- CMP funds may not be used in circumstances that would conflict with Medicare Conditions of Coverage or Medicaid Eligibility.

NOTE: Requests for CMP funds following an emergent event are subject to the same requirements as specified in S & C: 12-13-NH.

Facility-wide assessment completed on: ____ /____ /_____
MM DD YYYY

EMERGENT EVENT DETAILED DESCRIPTION

Describe the emergent event, the impact of the emergency on the nursing home and day-to-day operations, and the actions initiated by the nursing home in preparation for or in response to the emergent event:

EMERGENT EVENT DETAILED DESCRIPTION, cont.

NURSING HOME'S LONG TERM CARE (LTC) EMERGENT NEEDS

Civil Money Penalty funds (CMP) are being requested to assist with the following:

- ☐ Satellite phone rental(s)
- ☐ Rental of other communication device in case of communication disruption to back-up communication systems
- ☐ Evacuation transportation (e.g. buses, coaches, ambulances)
- ☐ Rental units or lockable storage pods
- ☐ Rental trucks for supplies/equipment, along with additional labor to help load/unload the trucks
- ☐ Storage costs for equipment/furnishings/resident belongings
- ☐ Security related expenses
- ☐ Rental of portable generator
- ☐ Rental of portable air conditioning
- ☐ Additional generator fuel source
- ☐ Emergency water supplies/food supplies/extra medicine
- ☐ Restoration services for flood and water damages
- ☐ Fire alarm and sprinkler system repair
- ☐ Environmental testing (asbestos, mold, water quality testing, moisture testing after flooding, etc.)
- ☐ Sewage pumps/pumping services
- ☐ Storage during times when municipal plants are down or flooded or internal lines are damaged
- ☐ Rental and equipping of space for temporary business operations
- ☐ Sand bags, wood, flashlights, batteries or other materials utilized to prepare the property for the ongoing hurricane/storm, etc.
- ☐ Other: _____

NOTE: Receipts for any of the above expenditures must be attached to this application.

NURSING HOME'S LONG TERM CARE (LTC) EMERGENT NEEDS, cont.

Civil Money Penalty funds (CMP) are being requested to reimburse expenditures for the following workforce needs:

- ☐ Supplemental funding to pay for employees who must shelter or work long hours due to other employees not able to get to the nursing home
- ☐ Emergency transportation for employees to bring them back and forth to the nursing home during weather conditions wherein the infrastructure is severely damaged
- ☐ Hotel lodging, food costs, and gas reimbursement for employees who are sheltering or who must evacuate with residents
- ☐ Laundry services and additional linen costs
- ☐ Additional food costs for staff and family members who are sheltered in the nursing home
- ☐ Other: _____

NOTE: Receipts or other documentation substantiating the above expenditures must be attached to this application.

ATTESTATION STATEMENT

By signing below, I attest that the contents of this application are true and accurate, and that, _____ (*name of the nursing home*) is applying to receive civil money penalty (CMP) funds from the Centers for Medicare & Medicaid Services (CMS) and the _____ (*State Survey Agency*) due to an emergency. CMP funds may only be utilized to enhance the quality of care and quality of life of residents. Acceptance of CMP funds means that the nursing home agrees to:

- Use CMP funds only for the express purpose of preparing for or responding to the emergent event identified in this application;
- Submit only legitimate expenses (identified on pages 11 and 12 of this application) with substantiating receipts or other documentation;
- Collaborate with other community partners as specified in my emergency plan (e.g. share tools, experiences, barriers, and results);
- Use CMP funds only to respond to emergencies that have already occurred or to prepare for emergencies that are expected imminently (within a week) and not to stockpile supplies for identified emergencies;
- Refrain from requesting duplicate supplies from county or state emergency managers or agencies, the healthcare coalition, other federal agencies including, but not limited to, FEMA and HUD, or private entities engaged in disaster preparation or relief;
- Implement and document processes during the emergency preparation response activities to support standardization and sustain improvement;
- Submit to CMS a final emergency response activity and expenditure report detailing how the CMP funds were utilized to prepare for or respond to the emergent event;
- Summarize the "Best Practices" utilized by the nursing home to protect residents and the public during the emergency;
- Ensure that the governing body assesses and documents the short and long term outcomes for residents of expending CMP funds, particularly the impact of those expenditures on resident care, treatment and services; and
- Refrain from using CMP funds for capital improvements or to cover debts or obligations of the nursing home that existed prior to the date the emergent event began or was anticipated imminently. (Although CMP reinvestment funds may not be used for capital improvements, such funds may be used to repair damage caused by the identified emergent event.)

ATTESTATION STATEMENT, cont.

This request for CMP funds has been reviewed by the President of the Resident Council, County Emergency Manager, Healthcare Coalition Lead, the Medical Director, and the Administrator:

Signature, Resident Council President: _____ Date: ____ /____ /_____
MM DD YYYY

Signature, County Emergency Manager: _____ Date: ____ /____ /_____
MM DD YYYY

Signature, Healthcare Coalition Lead: _____ Date: ____ /____ /_____
MM DD YYYY

Signature, Medical Director: _____ Date: ____ /____ /_____
MM DD YYYY

Signature, Administrator: _____ Date: ____ /____ /_____
MM DD YYYY

The nursing home and I understand that CMP funds, if received, have been provided for the express purpose of enhancing quality of care and quality of life in nursing homes certified to participate in Title 18 and Title 19 of the Social Security Act. Failure to use CMP funds solely for the nursing home and for the intended purpose of the emergency response activities and expenditures detailed in this application is prohibited by Federal law. Failure to use the CMP funds as specified in this application will result in denial of future CMP application requests and referral to the appropriate entity for consideration of civil and criminal penalties under federal law, including penalties for Medicare/ Medicaid fraud and false claims.

The nursing home and I understand that the nursing home is accountable and responsible for all CMP funds, if any, which are entrusted to it. If a change in ownership occurs during the pendency of this application for CMP funds, the nursing home shall notify CMS and the State Survey Agency within five calendar days. The new ownership shall be disclosed. A written letter regarding the change in ownership and its impact on the CMP funds application shall be sent to the CMS Regional Office and the State Survey Agency.

Name of the Legally Authorized Person Attesting, Certifying and Submitting this Application for the Nursing Home Applicant: _____

Signature of Legally Authorized Person: _____ Date: ____ /____ /_____
MM DD YYYY

Special Thanks

SPECIAL THANKS TO:

Jean Moody-Williams, Acting Consortium Administrator

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Linda Smith, Associate Regional Administrator

Advisors:

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Michelle Mitchell, Kentucky

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Vincent Davis / Chelsea Ridley, Tennessee